

COMMONWEALTH OF VIRGINIA LEASE ACCOUNTING SYSTEM

LEASE REPORT REQUEST

AGENCY NUMBER: (3 Numeric Characters) |_|_|

AGENCY NAME: (Up to 21 Characters) | | | | | | | | | | | | | | | | | | | | | | | | |

INPUT FISCAL YEAR: (Ending June 30th) OF REPORT REQUEST: (YYYY) 06 —

LEASE REPORTS FOR THE FOLLOWING LEASES ARE REQUESTED:

CHECK LESSEE	_____
ONE: LESSOR	_____

[illegible]

OR: ALL LEASES IN LAS WITH or W/O ALL LEASE SUMMARY DISCLOSURE

CHECK

ONE: INPUT DATA (To Verify Submission Received and Input Correct)
 FULL DISCLOSURE (For Preparation of Year End Financial Statements)

Note: Input Data Reports for each lease will be sent to agencies as input forms are keyed into LAS. Prior to Fiscal Year End Close, Input Data Reports for ALL leases will be sent to agencies for verification and confirmation. After Final Close each year, both the Summary and the Full Disclosure Reports for ALL leases will be sent to agencies.

PREPARER'S NAME : TITLE:

PREPARER'S PHONE NUMBER: _____ DATE APPROVED: _____

AUTHORIZED LAS SIGNATURE: _____ TITLE: _____